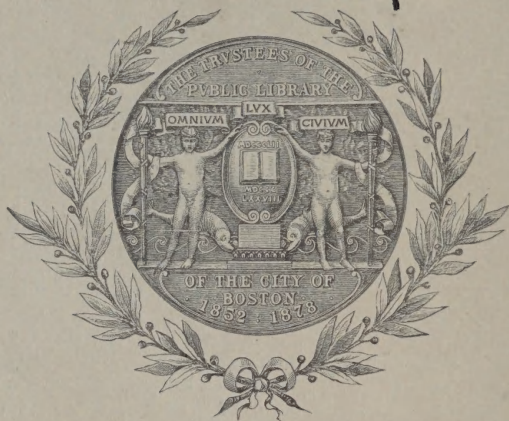


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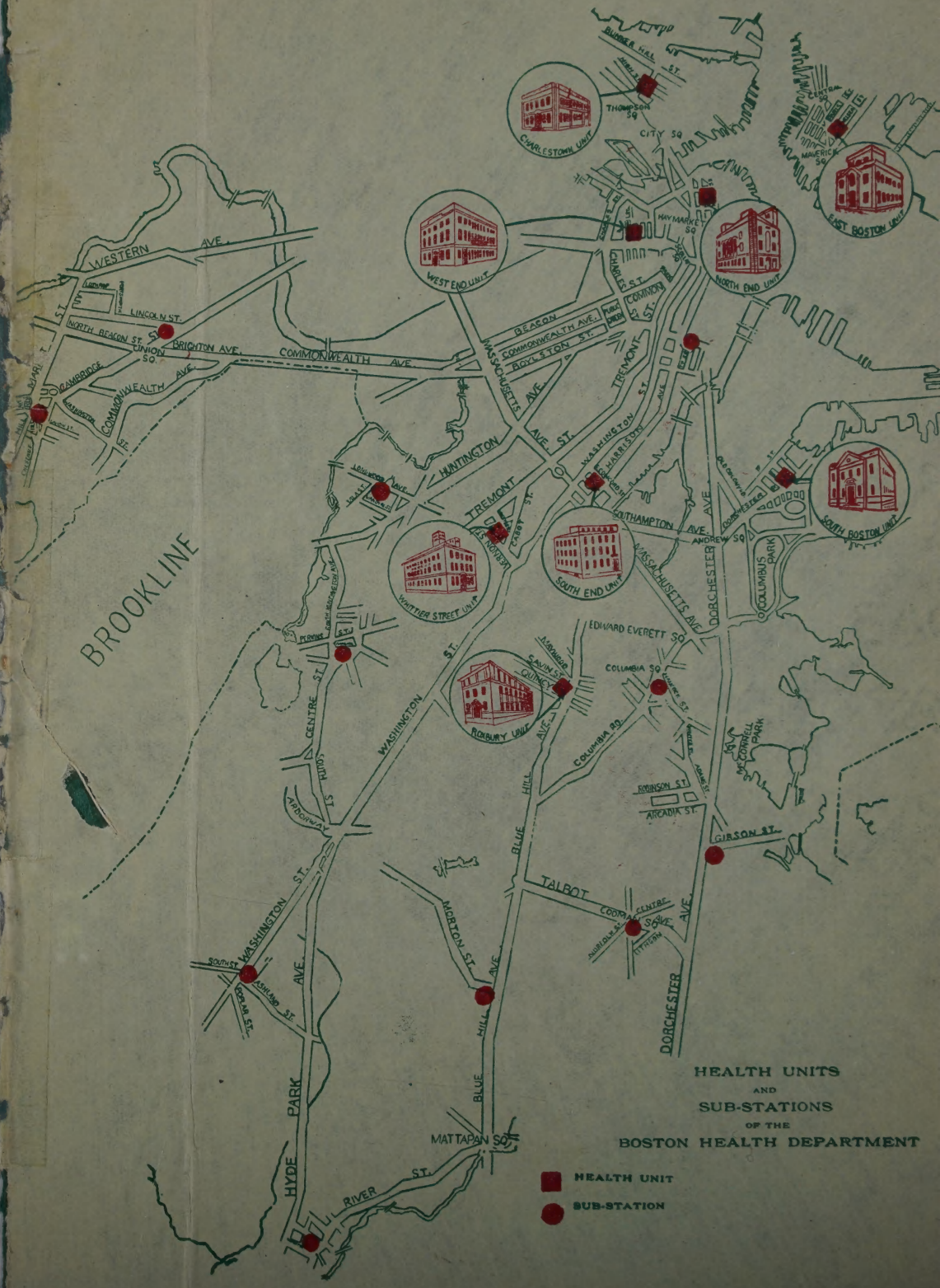
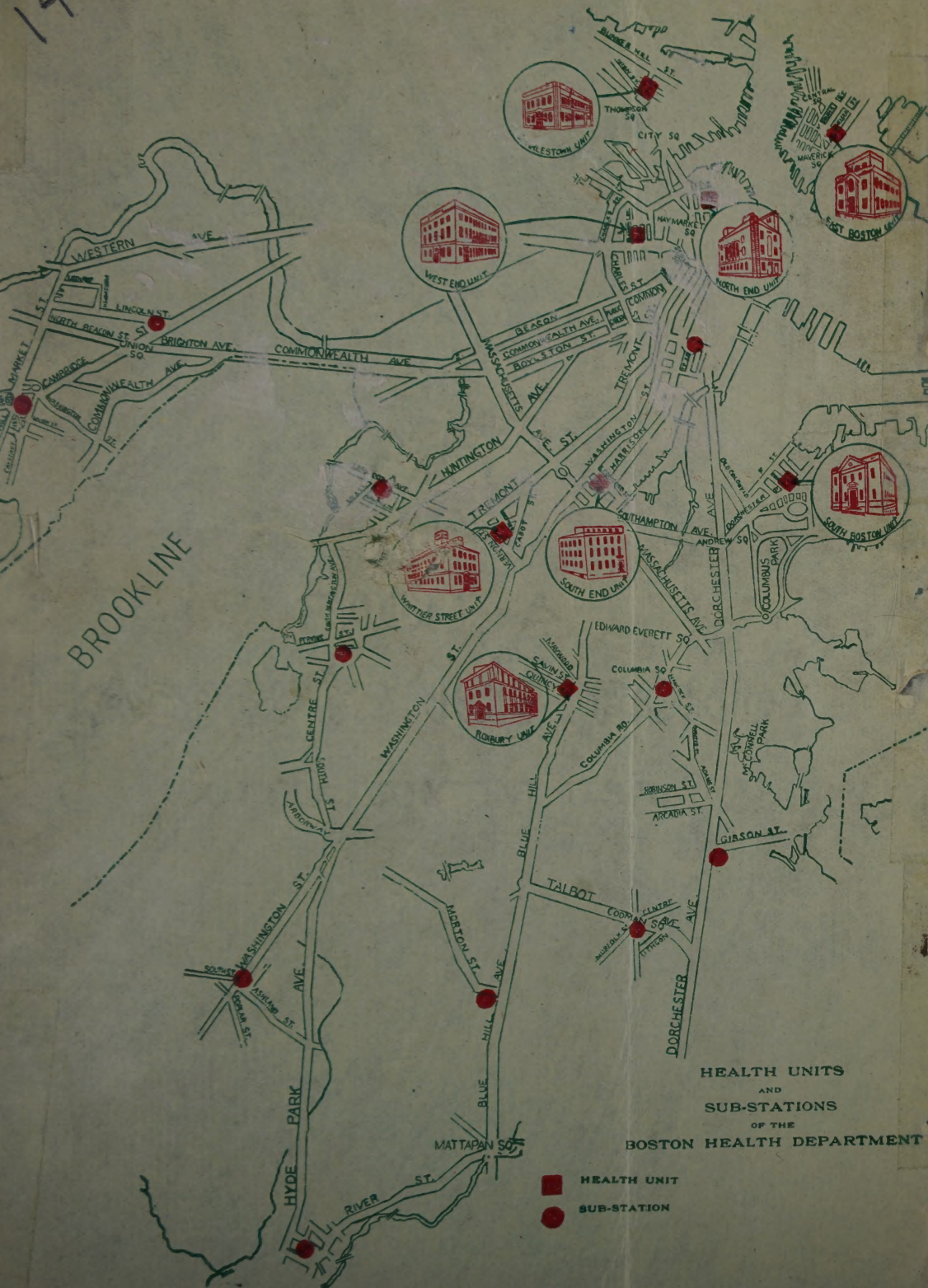
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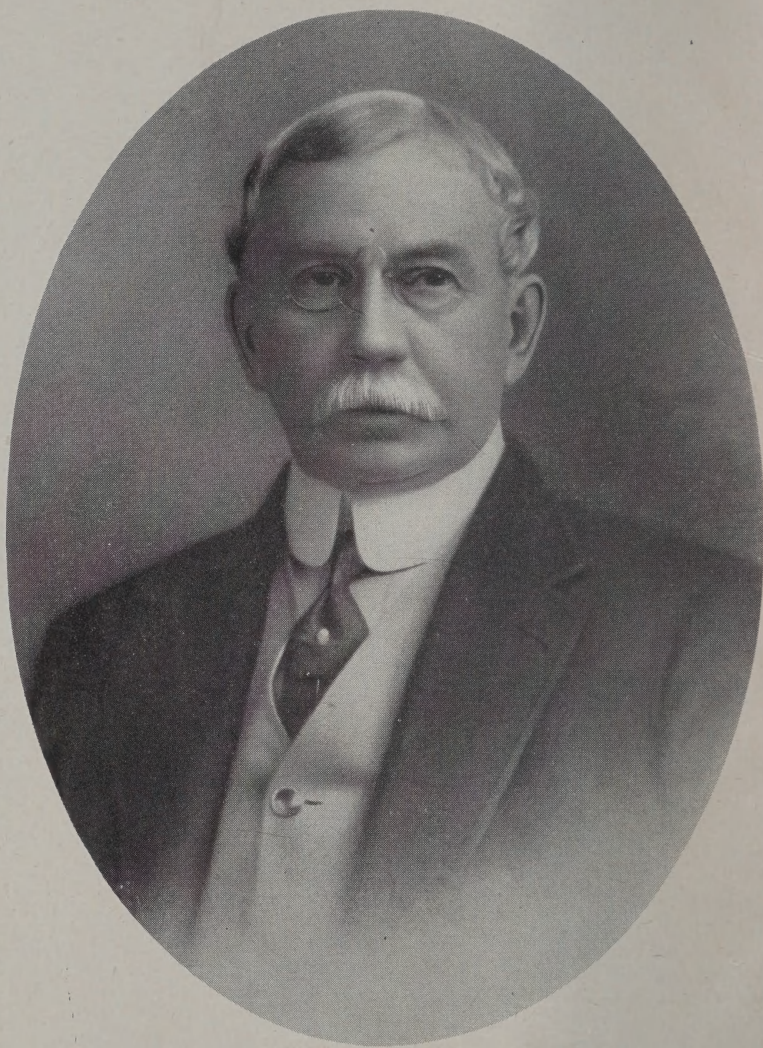
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EALTH UNITS

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BOSTON'S HEALTH UNITS



GEORGE ROBERT WHITE 1847 — 1922

BOSTON'S HEALTH UNITS

ESTABLISHED FROM THE INCOME
OF THE
GEORGE ROBERT WHITE FUND

1924 - 1944



[City of Boston, Printing Department, 1945]

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Boston's Health Agents
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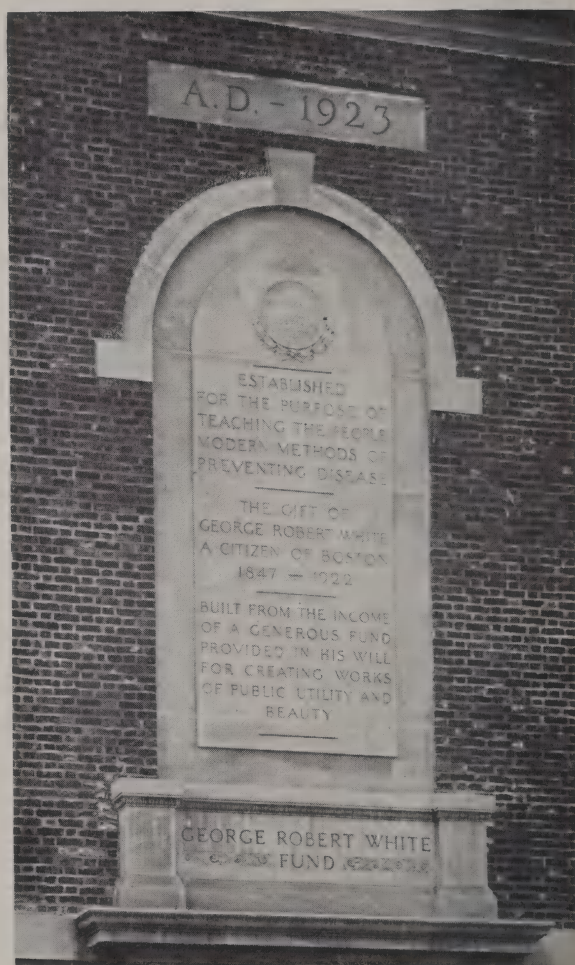
PREFACE

Almost three decades ago, a small group in Boston concerned with the advancement of the public health, and which included the author of this foreword, met at the home of Dr. Richard Cabot for a very definite purpose. This was to consider, to determine, and to attempt to develop what appeared to be the most essential need for the integration of the health program carried on by official and voluntary agencies. It was further felt that there was an urgent need for the establishment of better understanding and for the avoidance of duplication with its consequent waste. As a result of this conference the Blossom Street Health Unit was opened in 1916.

In the light of the present belief as to the importance of the health center as a focal and central point for the conduction of health and welfare work on a district level, and in view of the rapid expansion of this development, it may be safely assumed that the planned objectives of almost thirty years ago have in a marked degree been realized. Believing that the seven Health Units, built and equipped by the George Robert White Fund at a cost of approximately three million dollars, are of interest to public health and welfare leaders, it has been decided to bring up to date and to republish this booklet first printed a decade ago. We hope that this description of our health units, how they were established, and the activities carried on, will be of interest and value to its readers.

Charles F. Winslow . 45

*Deputy Commissioner of Health
in Charge of Health Units.*



TABLET OVER THE ENTRANCE OF THE FIRST
HEALTH UNIT ERECTED BY THE WHITE FUND
IN THE NORTH END OF BOSTON

BOSTON'S HEALTH UNITS

BACKGROUND

As the age of preventive medicine extended its influence on the thought and imagination of civic leaders, the establishment of Health Units was a logical development in expanding the program of public health work in Boston. It has been soundly stressed that a community's intelligence and the civic interest of its citizens may be measured by their willingness to expend money for the protection of the public health. The people of Boston have come to appreciate the keen perception and generous support of the trustees of the George Robert White Fund which made possible the establishment of a city-wide chain of Health Units in which the health and welfare services for each district are coordinated. The Health Unit has taken its place beside the church, the school and the settlement house as an essential community structure.

Environmental sanitation has long been recognized as a factor in reducing the epidemic spread of communicable diseases by safeguarding water and milk supplies and by disposing of organic wastes safely. Laws regulating working and living conditions, and quarantine rules to prevent the spread of disease, were elements in controlling the physical environment. When the pioneer work of Pasteur and Koch proved the germ theory of disease, the precepts of environmental sanitation were reinforced. This brought about the control of specific diseases by demonstrating the role of the human in the spread of contagion and the efficacy of antitoxins and vaccines.

Realization of the great need for individual participation in a program for personal health followed improvement of sanitary control. This was the motivating factor resulting in the creation of a number of health agencies, the establishment of preventive clinics (to which the term "health center" was occasionally applied) and the extension of public health nursing. Those responsible for the formu-



THE ORIGINAL
WEST END
HEALTH UNIT.
1916. FORMERLY
AN OLD WARD
ROOM

lation and the development of public health programs realized that if, for example, tuberculosis was to be reduced, it was important that facilities be conveniently located for the early examination and diagnosis of the infected person and his contacts. It was equally important that there be a headquarters from which health facts concerning tuberculosis might be disseminated.

Health agencies concerned with the improvement of child health realized the great need for the establishment of baby and preschool clinics to which underprivileged mothers could come with their babies for those health

THE WEST END
HEALTH UNIT
ERECTED NEXT
DOOR TO THE
ORIGINAL UNIT
IN 1930



services which would encourage sound physical and mental growth and development. Convenient centers for vaccination and immunization were needed as well as a place from which health education programs for the public might originate.



THE NORTH END HEALTH UNIT

The constant expansion of these health movements brought about an increasing realization of the interrelationships among the agencies engaged in this field and the health services they offered. Gaps in the programs, duplication and consequent waste, frequent inefficiencies and misunderstandings could not help but lead to the conclusion that there was a great need for better coordination and correlation, more efficient organization and more harmonious understanding among those agencies concerned with the public health. Public health administration in large cities was often too far removed from the people it attempted to serve, and the need for bringing it closer to the people was evident.



THE EAST BOSTON HEALTH UNIT

To remedy this situation in Boston, early in the history of health center development in the United States, the Boston Health Department opened the Blossom Street Health Unit in 1916. The objective in mind was the establishment of local headquarters from which agencies engaged in health and welfare work could serve a definite unit of population. It was hoped and planned that this method would eliminate waste and duplication and would develop those services required to fill essential needs. Before the establishment of the Blossom Street Health Unit, health and welfare agencies were functioning in the district but were, as a rule, occupying separate headquarters and operating independently of each other. This was confusing not only to the workers but also to the people they attempted to serve, since they were frequently at a loss to know just where to go even though desirous of utilizing the services set up for them. More than one agency was engaged in similar health activities, and individuals were unable to find the organization which would best serve them. Often, they tried first one and then another agency. This was bound to create misunderstanding and affect relationships among agencies having mutual objectives.

Representatives of the Health Department invited the private health and welfare agencies to share in this attempt for better integration of health and welfare services. The invitation was accepted and there emerged from this experiment not only sounder team effort and better understanding among workers in participating agencies, but also a desire on the part of the citizens of the city for extensions of this integrated service.

ESTABLISHMENT OF THE HEALTH UNITS

The will of George Robert White, one of Boston's greatest benefactors who died in 1922, provided that the income of a large and generous fund be used "for creating works of public utility and beauty for the use and enjoyment of the inhabitants of the City of Boston." The trustees of this fund, the Mayor, then the Honorable James M. Curley, the President of the City Council, the President of the Chamber of Commerce, the President of the Bar Association and the City Auditor, agreed that no better way could be found to carry out the purposes of the bequest and the wishes of the donor than to erect a chain of Health Units in the sections of the city that evidenced the most need. This was determined largely

THE SOUTH BOSTON HEALTH UNIT



by the character and economic level of the population, the health problems of the neighborhood and the need for preventive health services.

The first Health Unit built from the income of this fund was erected in the North End of the city and turned over to the Health Department in 1924. The second Health Unit was established in East Boston in 1926; the third in South Boston in 1927; the fourth in Roxbury in 1929; the fifth in Charlestown in 1929; the sixth in 1930 in the West End, directly next door to the original Health Unit functioning since 1916; and the seventh was established on Whittier Street in lower Roxbury in 1933. Almost three million dollars were expended for the purchase of land and for the erection and equipping of the buildings. In 1928, another Health Unit was opened in the South End of Boston in a building which formerly was the Out-Patient Department of the Boston Sanatorium. This Health Unit is the only one not erected by the White Fund. Subsequently, health centers patterned after the Boston Units have been set up in various parts of the United States. In 1936, the Fund extended the recreational facilities of the Whittier Street Unit. A wading pool, locker room and park for little children and their mothers were constructed on land adjacent to the Unit. Chlorination of the pool water safeguards the health of the children.

SOUTH END HEALTH UNIT





ROXBURY HEALTH UNIT

The Units are three to four stories in height, built of brick, erected on spacious lots of land, and are quite uniform in their construction. The basement is devoted to the heating and other maintenance services, showers for the workers, locker rooms and lavatories. Originally, the basements were equipped with cafeterias intended to be used to prepare lunches for workers or for civic groups and to prepare refreshments at the meetings of medical societies. It has since been found necessary to convert the space into additional quarters for the Overseers of the Public Welfare.

The administrative offices and clinical services are located on the first floor where a spacious lobby is used for a waiting room. There are ample facilities for prenatal, child hygiene, dental, tuberculosis and other clinic services. Complete X-ray equipment is located on this floor, adjacent to the examining rooms of the physicians.

The second floor is occupied in the main by voluntary agencies, including the Visiting Nurse Association, the Family Society, the Catholic Charitable Bureau, the Associated Jewish Philanthropies and others. A large auditorium, located on this floor, is used for meetings, health lectures and other assemblies.



HEALTH
AND
RECREATION
AT THE
WHITTIER STREET
HEALTH UNIT

The third floor is used for the headquarters of other participant agencies and for rest and consultation rooms. The roof, completely furnished and equipped for solarium purposes, is used as a nursery school. Small chairs, tables and cots for the use of preschool children are supplemented by sandboxes, gymnasium apparatus and other equipment for organized play.



THE CHARLESTOWN HEALTH UNIT

Throughout the period of building, development and extension of the Health Units and the localized program, the work had the substantial backing and cooperation of the Boston Health League and the Boston Council of Social Agencies. This has been of great value in obtaining the essential support of individual citizens, leaders of the medical profession and influential civic groups.

ORGANIZATION AND DIRECTION OF THE UNITS

As each Health Unit was completed and equipped, it was turned over to the Health Department for administration, maintenance and direction. The Health Department established local headquarters in each Unit. Ample space was provided for private agencies engaged in health and welfare work in the district served. These agencies maintain their own autonomy, conduct their own programs and are responsible for their own budgetary needs. They correlate their efforts with other agencies housed in the Unit.

The administration of each Unit is under the direction of a Health Department medical inspector who is a member of the staff of the Deputy Commissioner in charge of all the Health Units. In addition to his administrative duties, the medical inspector is present daily to give physical examinations to children who must meet camp, day nursery, or other requirements and to give immunizations against smallpox, diphtheria and whooping cough.

The Medical Inspector is the health officer of the district in which the Unit is located. He visits all cases of communicable disease that have been reported and passes upon isolation and quarantine. He conducts the medical inspection program in the parochial schools of the district, carries on physical examination of the school children and immunizes against diphtheria all children not so protected in infancy. It is his responsibility to develop and maintain cordial relationships with the medical profession and to preside at meetings held in the Units in order to encourage greater knowledge of disease prevention and health protection.

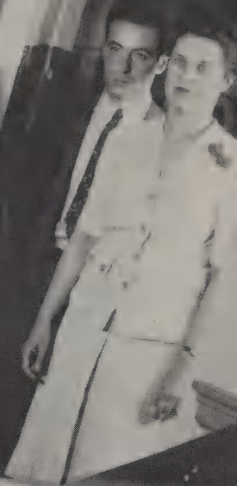
The invisible line of demarcation between poverty and disease has more than justified the development of intimate contact between the health and relief workers who have their headquarters in the Units. The Health Units of Boston, by bringing together under one roof the out-

ON FAMILY
LIFE ASSO.

BENSON FAMILY WILLIAM ASSO.

FAMILY SOCIETY

ACTHARABLE BUREAU



SOCIAL WORKERS

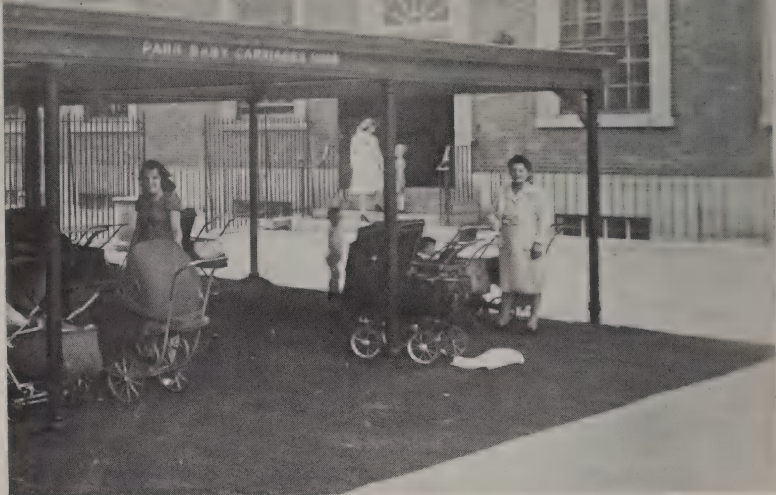
BOSTON PROVIDENT ASSOCIATION

URBAN LEAGUE

OVERSEER OF PUBLIC WORKS

ASST SUPERVISOR





BABY CARRIAGE SHELTER

→ standing agencies engaged in health and welfare work, make possible the promotion of efficiency, economy, and dispatch in the conduct of public health and welfare effort.

That disease is more prevalent among the poor has been proved. The relief agencies of the community, therefore, have a vital responsibility in the maintenance of the health of the people. The homes of the poor furnish fertile soil for the practice of preventive medicine. While visiting the homes of the poor, the medical inspector of the Health Department, the public health nurse and other representatives of the Health Unit, frequently find need of obtaining the assistance of the relief agency to supplement the effort of the health worker. The social worker, on the other hand, in home visits and in other contacts with the underprivileged, finds the cooperation and assistance of the health worker invaluable. There is, consequently, inherent logic in the provision of space and facilities in our various Health Units for the relief agencies of our community.

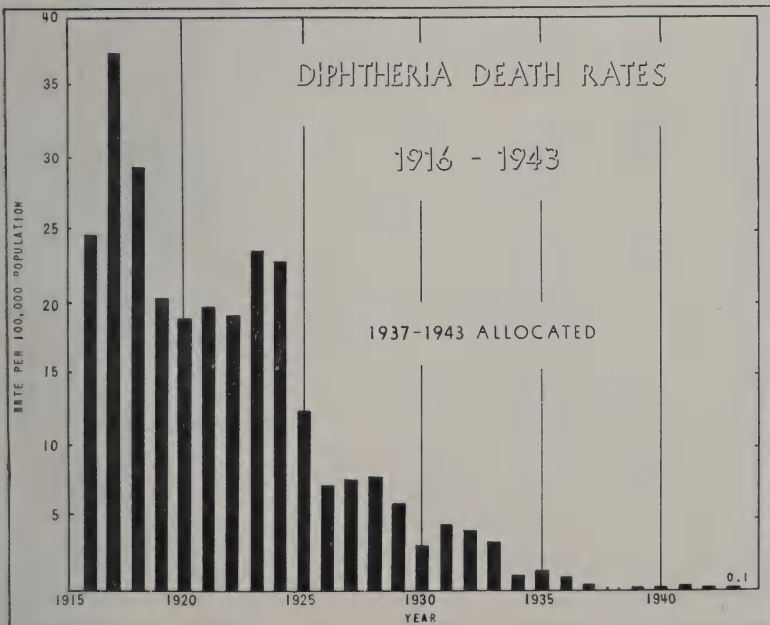
The presence of the representatives of the City Overseers of Public Welfare and the representatives of the Protestant, Catholic and Jewish relief agencies under the same roof with those of the health agencies, have provided excellent opportunity for direct contact and discussion resulting in the promotion of efficiency and in the speedy solution of common problems and responsibilities.

THE HEALTH UNITS PLAY THEIR PART IN HEALTH IMPROVEMENT

MATERNAL AND CHILD HEALTH

In the generation that has passed since the first White Fund Health Unit was opened, notable strides have been made in carrying preventive health service and information to those people needing it the most.

Maternal and child care has been a major program from the very beginning of the Health Units. Considerable progress has been made in the conservation of child health and in the reduction of deaths from preventable causes. Both infant and maternal mortality have been decreasing steadily until, in recent years, the rates have been the lowest in the history of the city, each year showing improvement over the year immediately preceding it.





"I'VE GAINED SINCE MY LAST VISIT"

Appreciation has been developed of the relationship between proper health habits, nutrition, growth, mental and physical development and the rearing of useful citizens.

The Health Unit brings into each district all the services which are needed to protect the mother and to keep the well baby well. Prenatal clinics under the direction of the Boston Lying-In Hospital are maintained at the Units and thousands of visits are made annually by expectant mothers. The importance of such care is better appreciated because of the increased realization that the health

of the expectant mother is intimately related to the well being of the newborn. Her work, diet, rest, exercise, dress and habits are all of importance. Many of the deaths of mothers at childbirth are preventable and these deaths are particularly deplorable because of the injurious results upon the physical and mental health of motherless children.

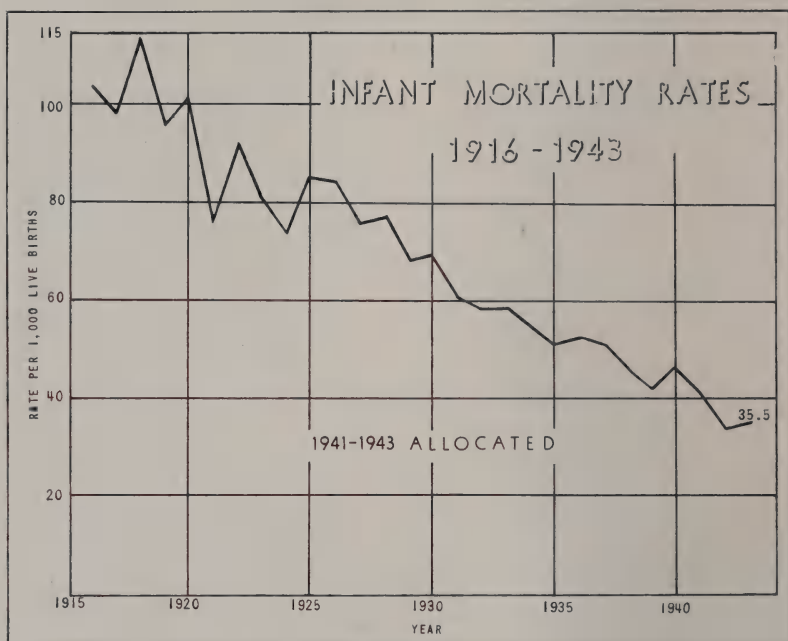
Prenatal care is indeed an important factor in the safeguarding of maternal health. The application of this service in an efficient and well-qualified manner fre-

"I AM PROTECTED AGAINST DIPHTHERIA AND WHOOPING COUGH NOW"



quently prevents the complications of pregnancy, including toxemias, prematurities and injuries at birth. Studies and surveys have shown that the prevalence of these conditions has been lower in groups of women who received adequate prenatal care than among those expectant mothers who did not receive this essential service.

At the beginning of this century, one out of every seven babies born in Boston died during the dangerous first year of life. The application of certain public health

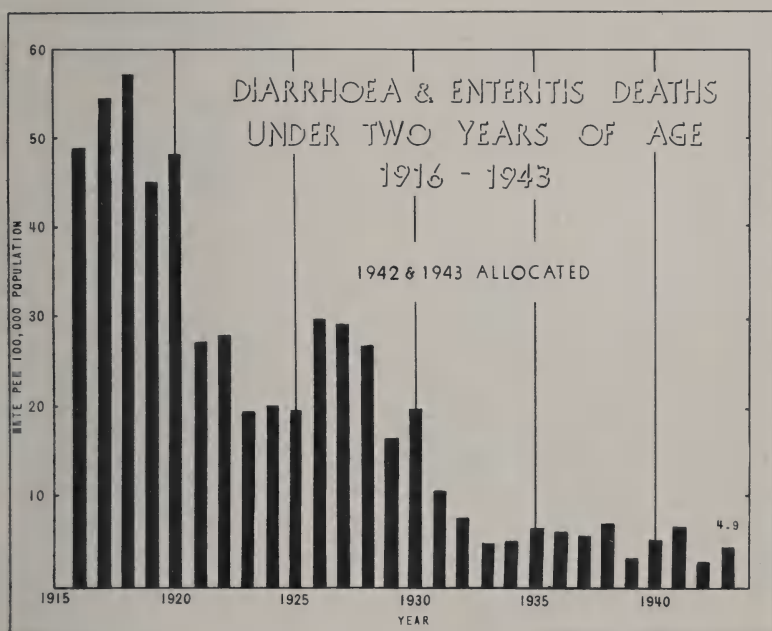


principles, the elimination of some of the causative factors, and the promotion of health knowledge has caused an enormous reduction in this unnecessary mortality.

It has been emphasized that the children of today are the men and women of tomorrow. It is important, therefore, to safeguard the physical and mental health of our babies and growing children so that tomorrow's men

and women may be mentally and physically fit to cope with the manifold problems of organized society. During the past thirty years, more progress has been made in the reduction of diseases among the young and in elevating the health standards of children than in the whole previous history of mankind.

The health of the baby and growing child is dependent upon many factors, including breast feeding, satisfactory medical and nursing care, clean water, good milk, whole-



some environment and protection against the increasing hazards of accident and injury. Gastro-intestinal infections, which in the past resulted in tremendous loss of life among the young, have been enormously reduced.

The homes of the majority of the newborn babies are visited by nurses of the Boston Health Department, and parents are advised to place their babies under adequate

medical supervision at the earliest possible moment. Much credit is due the nurses for the part they are playing in this phase of community health service.

Child health conferences are conducted by the Health Department at Health Units and other stations to which approximately 60,000 visits are made annually by parents, and the health of 8,000 children is periodically supervised. Pediatricians from the Harvard, Tufts and Boston University Medical Schools staff the clinics and maintain medical watchfulness over these growing youngsters and instruct mothers in infant care. No prescriptions are given and no sickness treated. The entire emphasis is on the maintenance of health and the prevention of disease.

In 1922, diphtheria immunization of school children was started as a routine procedure. It was soon found that the best time for immunization was during the first year of life. Each year, thousands of babies are given protection against this disease in the Health Unit clinics. The eradication of diphtheria is now close to accomplishment.

Much credit for this admirable condition is due to the facilities of the Health Units. During the twenty years that have elapsed since the inauguration of diphtheria immunization, parents have been convinced of its value, superstition and fear have been broken down, and ever increasing numbers of children have been immunized, not only at Health Department clinics but also by private family physicians.

In addition to the diphtheria immunization program, the Health Unit clinics also provide vaccination against smallpox and immunization against typhoid fever and whooping cough. By the initiation of a program of immunization against whooping cough in all the child health clinics of the city, it is hoped that the morbidity and mortality from this serious disease of childhood will be greatly reduced. Only the acceptance of immunological procedures by the majority of the population will make it possible to eradicate this disease.

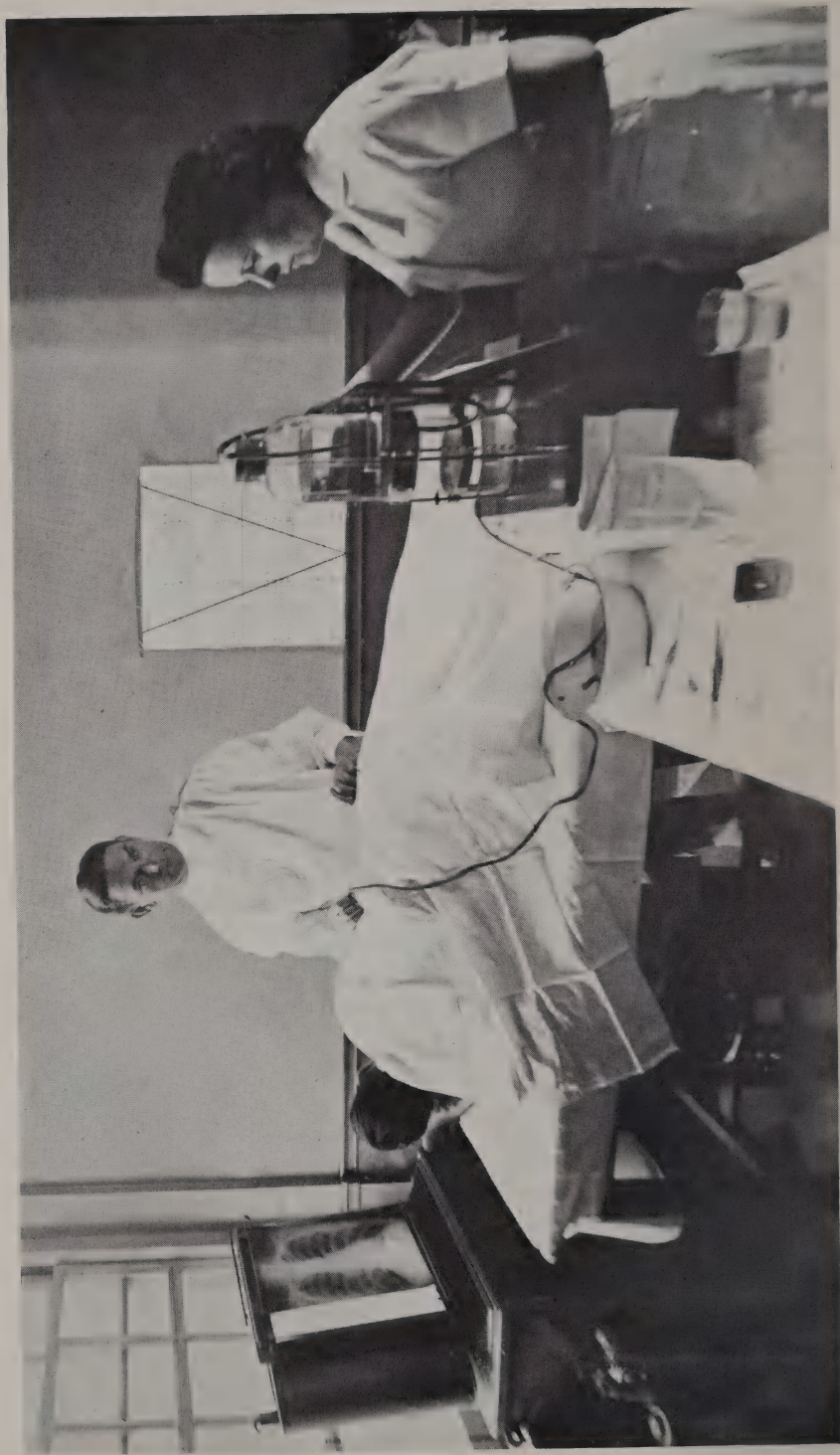
TUBERCULOSIS PREVENTION AND CONTROL

Although tuberculosis is one of the oldest diseases of mankind, it is only within the last fifty years that appreciable progress has been made in its control. This progress has made it possible to reduce the death rate from pulmonary tuberculosis in Boston from 301.5 in 1891 to 66.0 in 1943. As a cause of death, the disease has moved from first to fourth place. This reduction is due, in large part, to improved facilities for the recognition, detection and cure of the disease.

For many years prior to the establishment of the Health Units, Boston had but one municipal tuberculosis clinic. Although located in the heart of the city, many people were unable to reach it conveniently. It was exceedingly difficult, therefore, to persuade the infected person to attend the clinic and even more difficult to get contacts of

FLUOROSCOPIC
EXAMINATION
OF THE
LUNGS REVEALS
PATHOLOGICAL
CONDITIONS

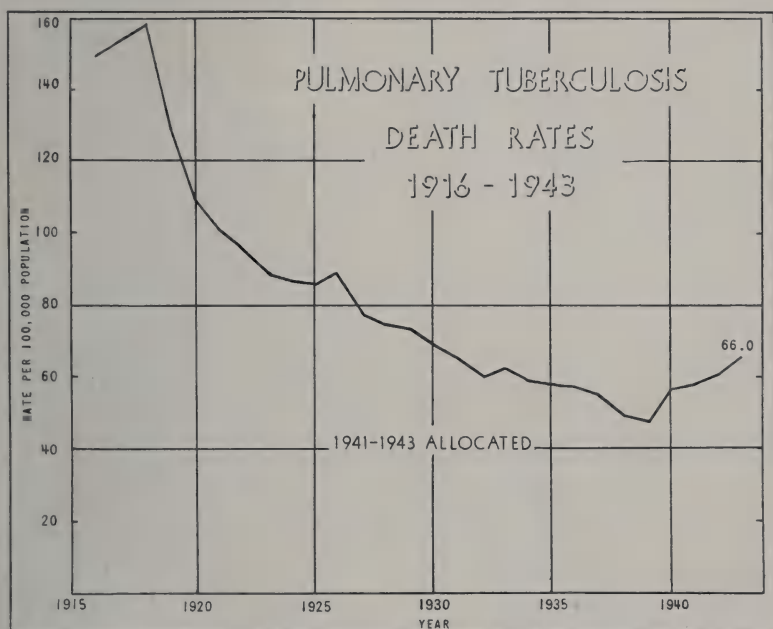




PNEUMOTHORAX MAKES NORMAL LIVING POSSIBLE FOR MANY PATIENTS

the active case to come so that an examination might be made to determine whether the disease had been contracted.

Tuberculosis clinics were opened in all of the Health Units and a number of the municipal buildings. With these facilities, an average of twenty weekly clinics including day and evening service, are held in the various sections of the city. Physical examination, X-ray, skin testing and laboratory diagnostic service are used in these

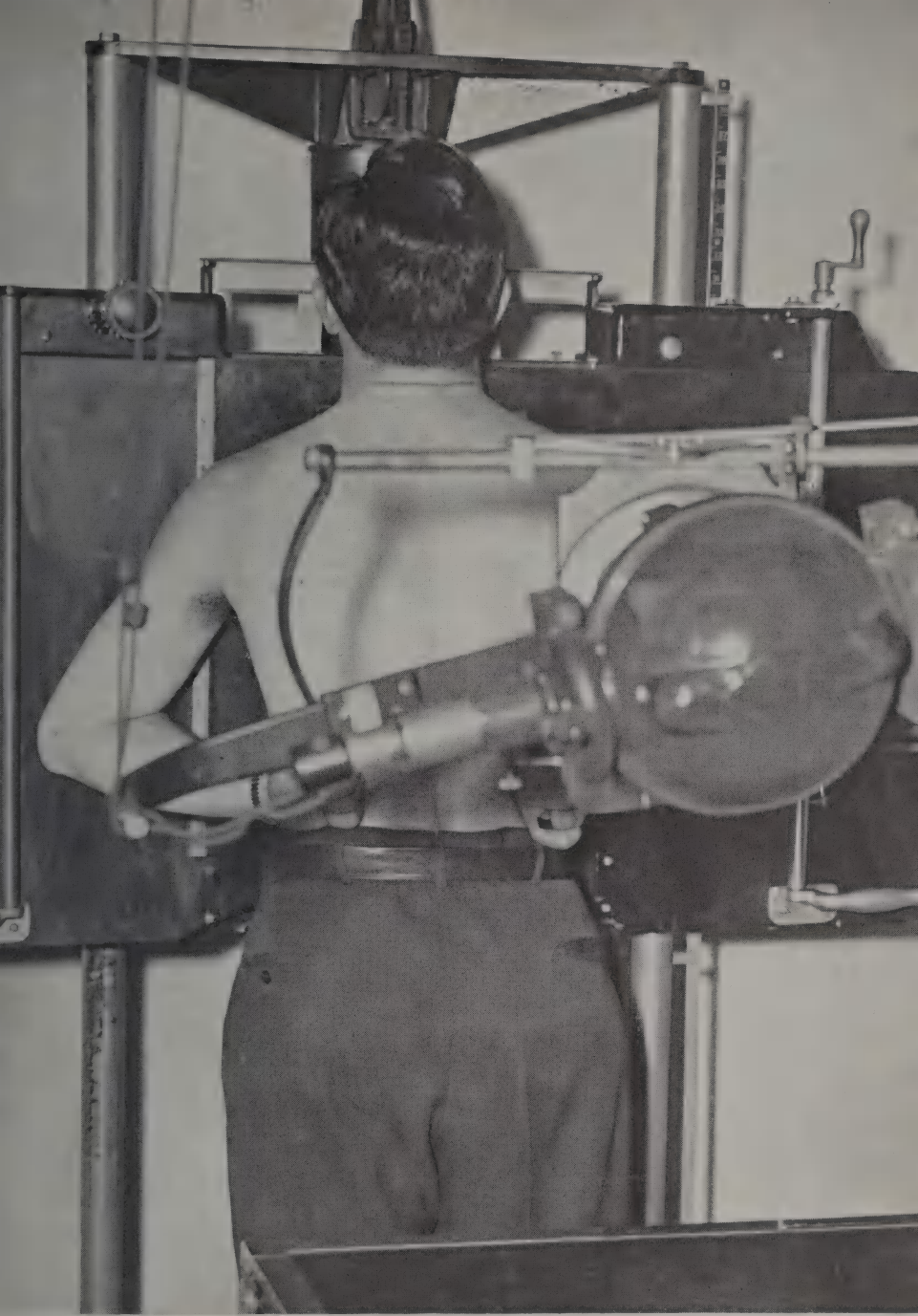


clinics in an effort to detect the active cases among tuberculosis suspects and contacts. Two clinics provide pneumothorax refills for the convenience of the patient who has been released from the sanatorium but who is still under treatment. Because there is complete equipment in every Unit, X-ray service is within reach of residents of every section of the city. The private physician may send his patients to the Unit to take advantage of free X-ray.

The Tuberculosis Division supervises approximately 10,000 people and X-rays about 8,000 persons each year. The major emphasis of the control program now is placed on early diagnosis and reporting of the active case. Much work remains to be done. The public must be educated to understand that this is an individual problem as well as a public health problem and that medical service should be sought early. Five hundred deaths in Boston each year is evidence that the continuance of convenient facilities for diagnosis, control, treatment and isolation is essential if tuberculosis is to be eradicated as a leading cause of death.

Unlike the other Health Unit buildings, that in the South End does not have a roof nursery on the fourth floor. Instead, it is unique in possessing a fine laboratory where research in tuberculosis is carried on. The Health Department cooperates with the project although the work is maintained largely by private funds. This laboratory is an outgrowth of that which was maintained in the days when the building was the Out-Patient Department of the Boston Sanatorium. In 1927, when the building was taken over as a Health Unit, arrangements were made for the routine clinical tests of tuberculosis sputa and urine to be performed at the main laboratory as was done for the other Units and since funds were lacking, the laboratory was closed. In 1940, the laboratory was reopened and resumed its former program of research in the field of tuberculosis. Reports of the various experiments have been summarized from time to time in *The American Review of Tuberculosis*. Through this research program, the laboratory is making a distinct contribution to the effort to control this disease.

The Boston Tuberculosis Association also is playing a valuable part in the local effort for the control of this disease. This organization is filling a definite need in the community through health education, the maintenance of the Prendergast Preventorium for the young, the work shop for arrested cases and by presenting to physicians an opportunity for extended training in diagnosis.



AS A MEANS OF DETECTING EARLY TUBERCULOSIS, THE X-RAY IS UNEXCELLED



THE

NURSERY

ROOF NURSERY UNDER W. P. A.

The first nursery schools to be established on the roofs of the Health Units were a part of the tuberculosis prevention program. Beginning in 1928, malnourished children who were exposed to tuberculosis were brought to the Unit every morning where, under vita glass and quartz lamps, they spent the day receiving adequate food, rest and play. These schools were conducted by the Health Department. In 1933, the management of the roof nursery schools was turned over to the Works

NURSERY SCHOOL — TUBERCULOSIS



ROOF

SCHOOLS



NURSERY SCHOOL TODAY

Progress Administration. Teachers were provided and supervised by the Boston School Department, and all underprivileged children were admitted. The Health Department continued to provide daily inspection. These schools functioned most successfully until the Works Progress Administration was discontinued in 1943.

The present-day schools, conducted by Lanham Act funds, enroll preschool children whose parents work in war industries. The staff continues under the direction of the School Department.

PREVENTORIUM 1928 — 1933



CONTROL OF THE COMMUNICABLE DISEASES

The primary and basic aim of a Department of Health is to protect the people from disease. The first health departments worked almost solely on the ever present problem of how to prevent disastrous epidemics from causing the loss of thousands of lives. As evidence of the tremendous strides made, Boston residents no longer fear yellow fever, bubonic plague, typhoid fever, malaria, cholera or smallpox, yet these diseases were taking fearful toll during the last century. Many diseases, however, still have not been eliminated.

Medical science is ever trying to discover ways to eradicate chicken-pox, mumps, measles, scarlet fever and whooping cough. Better methods of treatment and care have succeeded in preventing many deaths but almost every person living in a city has had more than one of these diseases. Diphtheria can and should be eliminated. In 1943, Boston had but one death from this cause while in 1917 there were 278 deaths. When parents everywhere realize that immunization against diphtheria should be given during the first year of life, it will be possible to add this disease to those which are no longer found in Boston. In 1942, after an experimental program proved successful, whooping cough immunization was offered to all children under one year of age attending the Child Health Conferences. In accordance with the most modern procedure, a combined prophylactic agent is now used so that children receive protection against both diphtheria and whooping cough in one set of injections.

The official responsibility for the control of communicable disease in Boston is vested in the Medical Division of the Health Department. The control program is decentralized in the Health Units. Upon the report of a case of communicable disease, a medical inspector or a public health nurse of the Department visits the home, passes upon isolation and determines whether the case



EACH CHILD GOING TO CAMP MUST HAVE AN EXAMINATION TO PROTECT HIMSELF
AND THE OTHER CHILDREN

may remain at home or be hospitalized. Instruction is given about control methods to be followed and members of the family are immunized when necessary.

Nurses, health educators and other health workers, in their work with individuals and groups, in homes and in the Units, are playing an important part in the reduction of communicable disease by the dissemination of health information and by stressing the principles of personal hygiene. A further lessening of communicable disease is dependent upon the greater acceptance of immunization as a prophylactic principle by large units of our population.

PUBLIC HEALTH NURSING

Much of the improvement in the field of public health should be credited to the activities and contributions of the nursing profession. The public health nurse bridges the gap between the clinic and the home. Serving both as nurse and health advisor, her opportunities are countless and her accomplishments of inestimable value. The nurse participates actively in prenatal care, infant, pre-

CAREFUL RECORD KEEPING FACILITATES ALL PHASES OF THE PUBLIC HEALTH NURSE'S WORK



school, and school health services, tuberculosis prevention and control and in obstetrical and bedside nursing care. She plays a part in the dental, mental hygiene, nutrition and other clinical services. She visits the home where she disseminates health information, assists in the isolation and quarantine of communicable diseases and gives instruction regarding their care and control. She participates in volunteer medical and public safety programs and is on call to render aid in any emergency which might require nursing service. In addition to all of these activities, one of the most important functions of the nurse is the coordination of her efforts with those of the representatives of other essential agencies.

HEALTH DEPARTMENT PUBLIC HEALTH NURSING SERVICE

The Boston Health Department maintains a generalized service in which the nurses visit the homes and participate in the clinical and other activities of the Health Department. The Public Health Nursing Service is decentralized and each Health Unit district has a staff of nurses under the direction of a supervisor.

Approximately 170,000 home visits are made annually by the Health Department nurses. They visit homes of newborn babies and emphasize the value of keeping the baby well and the importance of medical supervision either by the family physician or at the Child Health clinics of the Health Department. Nurses make revisits to these homes in order to maintain the interest of the parents in this essential service. They visit the homes in which diagnosed or suspected cases of tuberculosis exist, making every effort to place the infected individual under adequate medical care and to bring in all contacts or suspected cases for examination at the earliest possible moment. The public health nurse also visits all cases of other communicable diseases, assists the physician in establishing isolation and quarantine and gives instruction in home care and control.

Close cooperation exists between the nurses of the Boston School Department and the public health nurses. The two groups work together in the control of tuberculosis and communicable diseases. The public school nurse also selects the school children for attendance at the dental clinic. Such cooperation results in greater efficiency in caring for the health of school-age children.

In addition to home visits, the Health Department nurses provide school nursing service for the parochial schools in the city and have been of invaluable aid to the Sister in charge. They also make periodic visits to day nurseries where they check on the health of the preschool children in attendance.

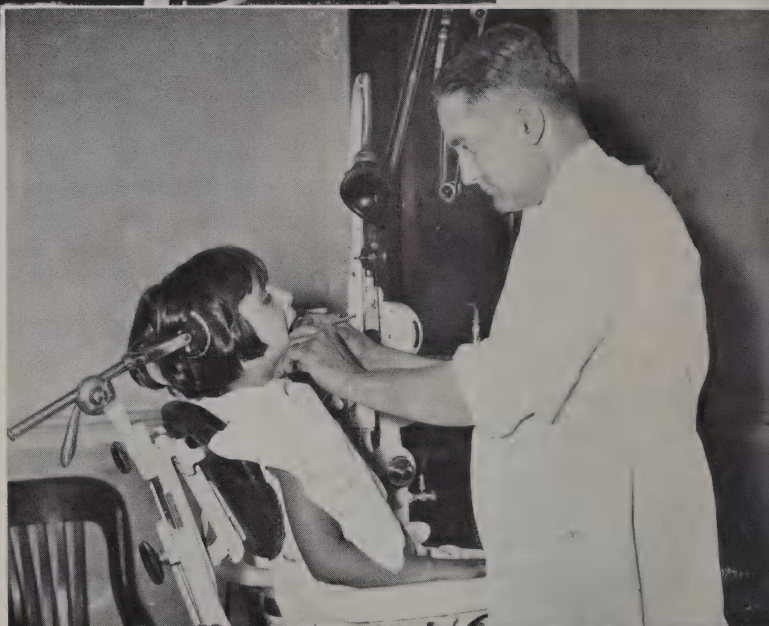
As a contribution to public health, this Service helps in the training of student nurses who come to the Units to study public health nursing techniques. To promote a better understanding of public health activities, medical and other students observe work of the Nursing Service for varying periods of time.

VISITING NURSE ASSOCIATION OF BOSTON

The Health Units serve as the local headquarters for the Visiting Nurse Association of Boston (formerly the Community Health Association) which carries out a well-organized program of bedside, prenatal and obstetrical nursing. This organization also conducts post-infantile paralysis clinics providing muscle training and massage, and carries on health education. One of the most valuable contributions of the Visiting Nurse Association is the provision of nursing care for the indigent and the person of extremely moderate means. In the Health Unit districts, this Association is giving nursing care to over 40,000 people to whom over 250,000 visits are made annually.



WEEKLY CLASSES CONDUCTED IN EACH DISTRICT BY THE VISITING NURSE ASSOCIATION
TEACH PROSPECTIVE MOTHERS PROPER CARE OF THEMSELVES AND THEIR INFANTS



THE
RIGHT
START

FOR

DENTAL

HEALTH



PREVENTIVE DENTISTRY

Over 90 per cent of the children of the United States are in need of dental treatment by the time they reach school age. The primary teeth are not given proper care and are often lost so early that the permanent teeth do not occlude. The sixth year molar is not recognized as the first permanent tooth and cavities are neglected until the entire tooth is decayed. The diet of the young child is often inadequate, tooth brushing is frequently omitted and visits to the dentist are postponed until precipitated by a toothache.

Since these facts indicate the need for dental work for children, dental clinics of the Health Department are located in each of the Units and emphasize preventive care. Attention is given to the primary teeth for their own sake and because of their relationship to the permanent teeth. Fillings are done where necessary, essential extractions are made, and the teeth are cleaned. Each child attends the clinic until all his dental work is completed. At that time, a pink card is given him as a certificate of accomplishment for the current school year. The aim and purpose of this type of dentistry is to diminish the need of restorative dental work and to teach young children the care of the mouth and teeth. The importance of sound teeth is impressed on the children through the use of posters, stories, and leaflets. In addition, the dentist and the dental hygienist try to impress on the child the need for good health habits, proper nutrition and oral cleanliness to build strong, straight teeth.

While the dental clinics are maintained by the Health Department, they cooperate closely with the Boston School Department, the Parochial Schools and the Guild of Saint Appolonia. Under supervision of the Dental Director of the Health Department, a staff of twenty dentists and ten hygienists care for approximately 40,000 children who make about 75,000 visits to the clinics each year.

HEALTH EDUCATION

The maintenance of good health is necessary to personal enjoyment of life and community well-being. Health education develops in individuals a sense of responsibility for the public health as well as for their own. With the cooperation of the Health Education Service, people are able to participate in planning and carrying out programs for improving individual and community health in their neighborhoods. Local problems are selected and educational methods used to present each problem and its solution to everyone. Organization of the people, their clubs, societies, churches, social agencies, health and welfare groups, physicians, dentists, nurses and school integrates the program and prevents duplication and wasted effort. The district committees volunteer their time and work with a health educator.

The Health Unit is the meeting and working place of these groups. Meeting rooms, work rooms and public auditoriums are available. Exhibits, literature, posters and moving pictures are developed. Through these activities, materials are sent to stores, libraries and schools. Moving pictures, including complete projection equipment and service, are available on loan for organizations and clubs. Literature covering a wide variety of subjects is distributed at every Unit. News articles and copy for editorials are furnished the city-wide and local papers. Radio spot announcements and special health broadcasts are also supplied to stations regularly.

School health education is closely related to the health education program centered in the Health Units. Staff members of the Service supervise the regular classroom health instruction in the parochial schools of the city. The public school program also correlates with the community effort.

Through this method of community organization, the Health Department hopes to awaken the people to a full realization of the importance of good health. Health education is a continuous process which bears with it promise of a richer, happier and more complete life.



Health Education Service

BOSTON HEALTH DEPARTMENT



FREEDOM from VENEREAL DISEASES

Ask Your Physician For A Blood Test

BOSTON is our CITY

LET'S

SHEDDING THE BURNING DISEASE

BOSTON HEALTH DEPARTMENT

CHILD GUIDANCE

Mental health has too often been overlooked as an integral part of general health. The mental health of growing children is of particular interest to the public health worker since the behavior difficulties of childhood may be early signs of delinquency, dependency or mental disorder. The plastic, impressionable minds of young children demand guidance since it is extremely easy for them to develop improper and faulty habits due to the influence of poor environment or of indulgent and misguided parents.

The handicapped child, the precocious youngster, the maladjusted child each present problems calling on the resources of the sympathetic, understanding and well-equipped expert in mental hygiene. Juvenile delinquency may frequently be attributed to faulty background and improper guidance rather than to the natural inclination and desire of the youngster to be bad. Growing children deserve the all-important influences of good environment and organized recreation. They need a wholesome background in order to exercise increasing energies. Intelligent child guidance is necessary for the development of normal, healthy children who have consideration and respect for others.

A Child Guidance Clinic functions at the West End Health Unit under the direction of the Division of Mental Hygiene of the Massachusetts Department of Mental Health. The Program of the Guidance Clinic is one of prevention. By the study and treatment of children with undesirable habits and attitudes, the Clinic helps to prevent social and economic failure by assisting children to develop into efficient, successful, and happy adults. A specially trained group of experts, including a psychiatrist, a clinical psychologist and a psychiatric social worker cooperate to study the whole child physically, emotionally and socially and to plan a program of treatment



THE PSYCHIATRIST INTERVIEWS THE MOTHER

THE PSYCHIATRIST STUDIES THE CHILD



best adapted to the individual case. Part of the treatment is to create among the adults in contact with the child a general understanding of what is needed for a healthy mental and physical development.



OCCUPATIONAL THERAPY DEVELOPS SELF-ASSURANCE, SELF-EXPRESSION, AND SOCIAL RESPONSE

A large portion of the Clinic's activities includes the promotion of community interest in the prevention of behavior, personality and scholastic difficulties of children. This may be partially effected through education in the principles of mental hygiene.

SANITATION

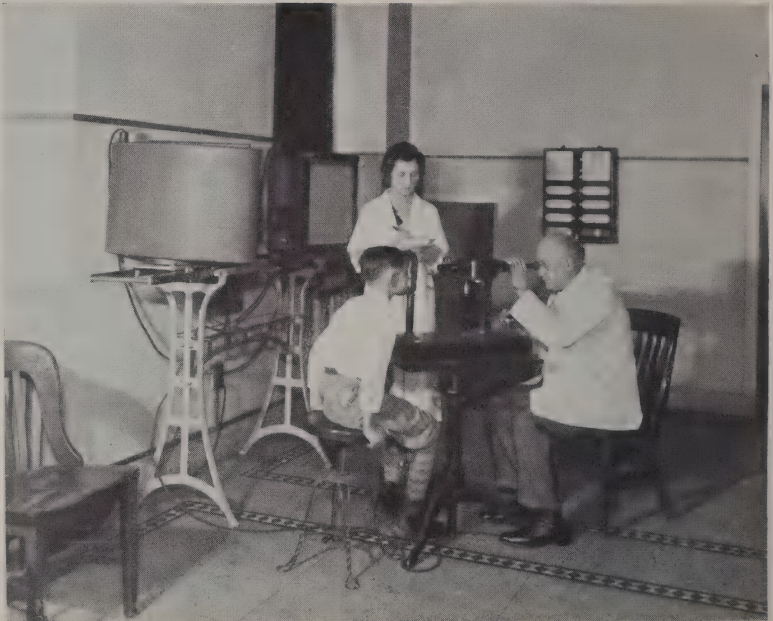
The control of environmental sanitation is the responsibility of the Housing and Sanitation Division of the Health Department. The offices and report stations for the various sections of the city are located in the Health Units. This decentralization makes it possible for each inspector to spend more time in actual inspection work since little time need be spent in traveling from office to district. Complaints are acted upon much more quickly since they may be sent directly to the Unit, and residents of the district may come in the morning to discuss special problems with the inspectors who are always ready to give advice or to suggest a practical solution. The inspectors provide supervision of buildings, tenements, yards, alleys and cellars and act on nuisances.

POOLSIDE DETERMINATIONS CHECK THE SAFETY OF THE WATER



OTHER ACTIVITIES

Poor vision in children may cause many physical disorders including headache, eyestrain, fatigue and postural difficulties and is often the reason for failure in school. Sight conservation clinics, located in the West End, Whittier Street and South Boston Health Units, provide examination and refraction for both public and parochial school children. Several thousand children attend these clinics each year for diagnosis and rechecking. When necessary, children are referred to the Division of the Blind for further attention.



THE CHILD WITH DEFECTIVE EYESIGHT IS GIVEN A PRESCRIPTION
FOR GLASSES

Special programs are often carried out in the Units. Red Cross classes, Boy and Girl Scout meetings, entertainments, assemblies, meetings of medical societies, public health institutes for the medical profession, health lectures for the public and programs under the auspices of the various agencies housed in the Unit, are held in the auditoriums and rooms of the Units.

During the war emergency, the Health Units were used as medical depots in connection with the Boston program for Civilian Defense. Members of the medical profession, personnel of the Red Cross, representatives of the Boston Committee on Public Safety and other agencies engaged in the Civilian Defense program were given permission to establish headquarters in the Units. In some districts, physicians of the local draft board used the facilities of the Health Unit to give physical examinations to candidates for Selective Service.

The yards of the Units are used in the summer as children's playgrounds where, in most cases, organized play activities are conducted under the supervision of a trained teacher from the School Department. These Health Unit playgrounds provide needed recreational facilities for children living in the congested areas of the city where adequate playspace is otherwise lacking. Children coming to play at the Whittier Street Unit on hot summer days enjoy the added advantage of a wading pool and locker room. In the other Unit playgrounds, outdoor showers are provided on hot afternoons.

The Health Units are convenient local distribution centers for laboratory and culture materials needed by the private physician. Supplies of sera and vaccines as well as culture and sputum outfits are always kept on hand. Physicians may not only obtain supplies of these materials at the Health Unit but they may also leave specimens to be taken to the Bacteriological Laboratory for examination. This service is only one of the activities which the Health Department carries on in order to serve better the private physicians in the Health Unit districts.

A VISION AND A SERVICE

"I do now give all the rest and residue of my property of every nature to the City of Boston, the same to be held as a permanent charitable trust fund to be known as the George Robert White Fund, and the net income only to be used for creating works of public utility and beauty, for the use and enjoyment of the inhabitants of the City of Boston."

George Robert White envisioned the possibility of serving his beloved city best by a most generous provision of funds, which could be used for the construction of buildings and facilities of such value that the city would be willing to maintain them.

The Health Units, which have been erected by grants from this fund, have served the health of the people of Boston in a broad and effective manner. They have served as models for similar health centers in other cities. They have reflected credit upon the wise and generous donor, the trustees of the fund and the professional and lay workers who have planned and carried out the Health Unit program.

PARTICIPATING AGENCIES

THE BOSTON HEALTH DEPARTMENT

AND

AMERICAN RED CROSS, METROPOLITAN CHAPTER.

ASSOCIATED JEWISH PHILANTHROPIES.

BOSTON COMMITTEE ON PUBLIC SAFETY.

BOSTON LYING-IN HOSPITAL.

BOSTON PROVIDENT ASSOCIATION.

BOSTON UNIVERSITY SCHOOL OF MEDICINE, PEDIATRIC
DEPARTMENT.

CATHOLIC CHARITABLE BUREAU.

DEPARTMENT OF SCHOOL HYGIENE, BOSTON PUBLIC SCHOOLS.

DIVISION OF MENTAL HYGIENE, MASSACHUSETTS DEPARTMENT
OF MENTAL HEALTH.

FAMILY SOCIETY.

HARVARD MEDICAL SCHOOL, PEDIATRIC DEPARTMENT.

OVERSEERS OF THE PUBLIC WELFARE.

PAROCHIAL SCHOOLS, ARCHDIOCESE OF BOSTON.

ROBERT GOULD SHAW HOUSE.

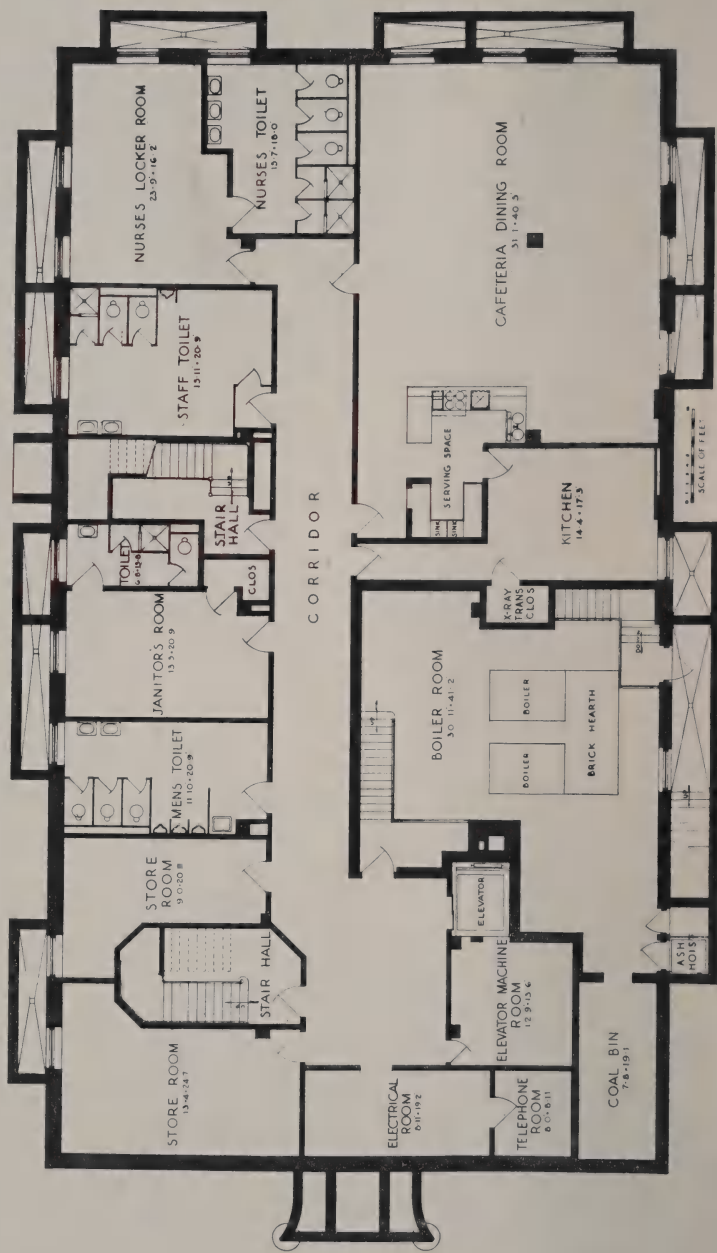
TUFTS MEDICAL SCHOOL, PEDIATRIC DEPARTMENT.

THE URBAN LEAGUE.

THE VISITING NURSE ASSOCIATION.

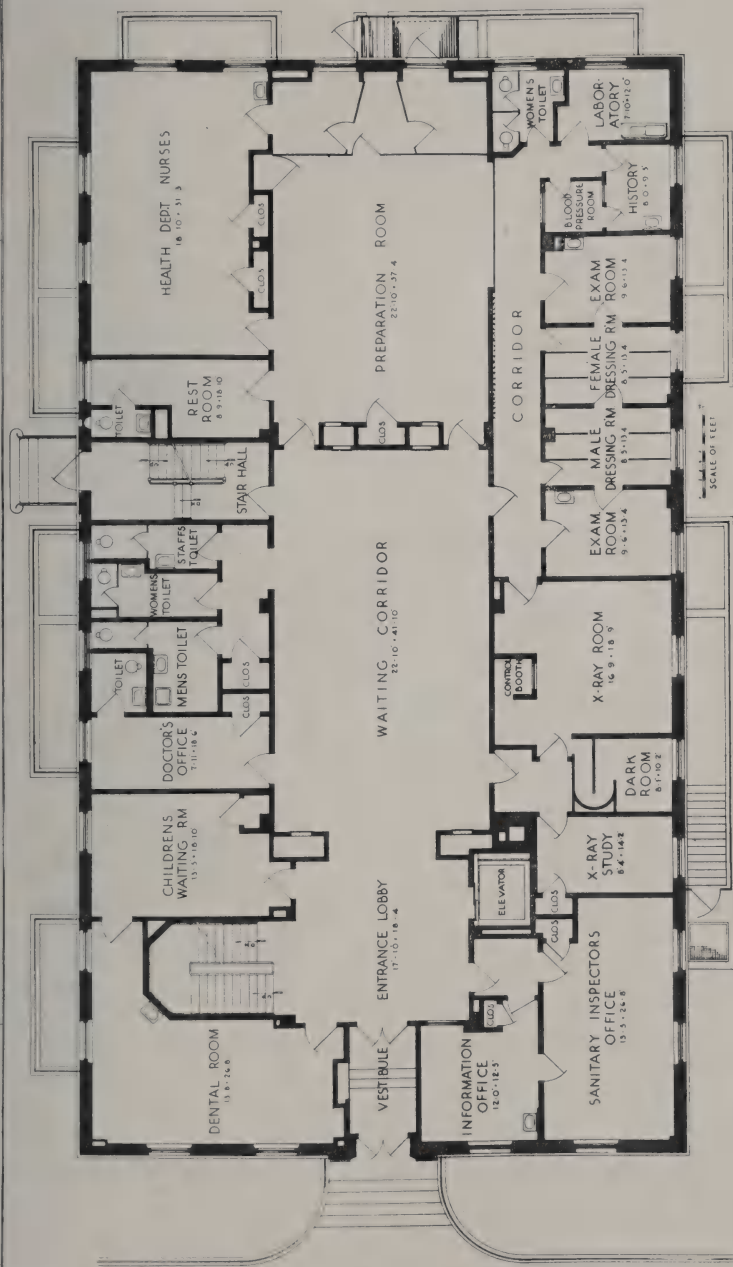
FLOOR PLANS OF A HEALTH UNIT

GEORGE ROBERT WHITE FUND HEALTH UNIT



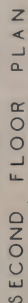
BASEMENT FLOOR PLAN

GEORGE ROBERT WHITE FUND HEALTH UNIT
20 WHITTIER STREET BOSTON MASS - COOLIDGE SHEPLEY BULFINCH & ABBOTT ARCHITECTS BOSTON MASS



FIRST FLOOR PLAN

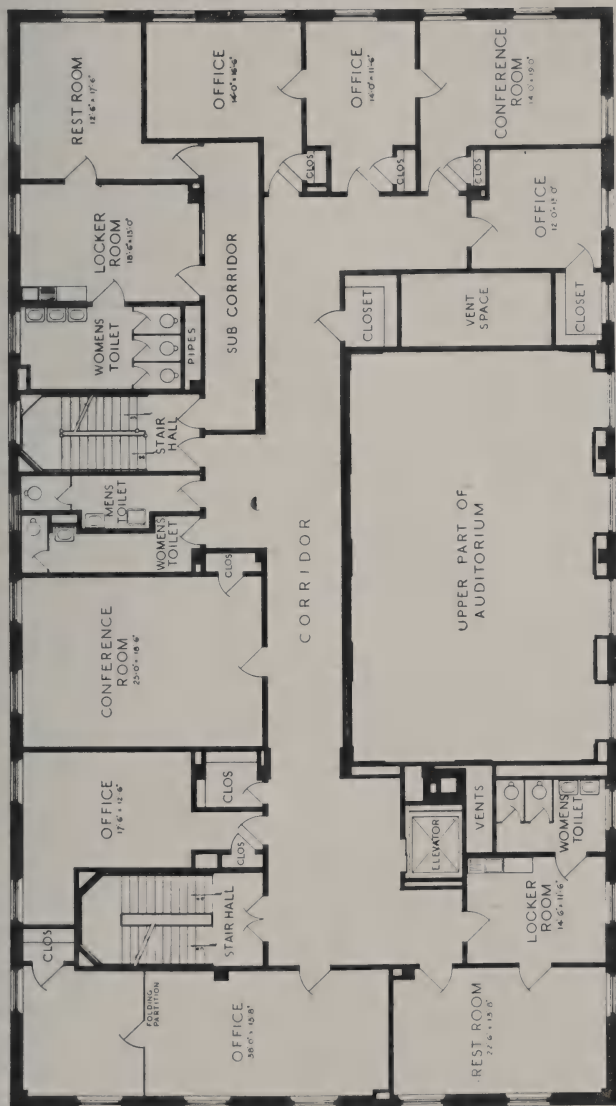
20 WHITTIER STREET BOSTON MASS ~ COOLIDGE SHEPLEY BULFINCH & ABBOTT ARCHITECTS BOSTON MASS



SCALE OF FEET

GEORGE ROBERT WHITE FUND HEALTH UNIT

20 WHITTIER STREET BOSTON MASS -- COOLIDGE SHEPLEY BULFINCH & ABBOTT ARCHITECTS BOSTON MASS

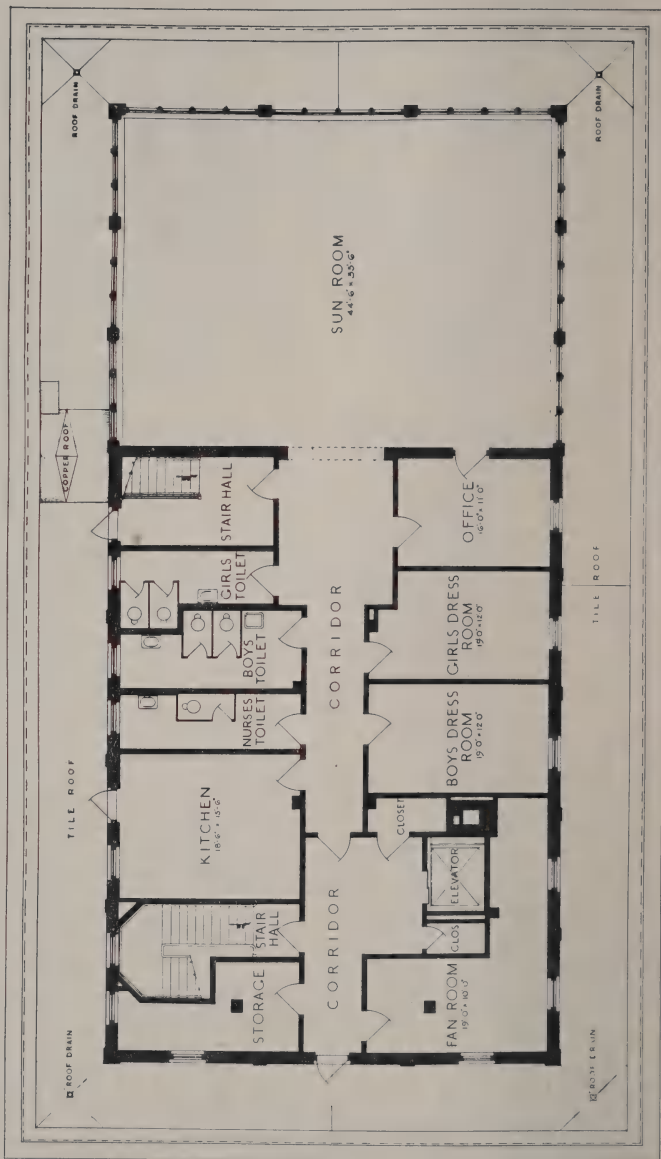


THIRD FLOOR PLAN

SCALE OF FEET

GEORGE ROBERT WHITE FUND HEALTH UNIT

20 WHITTIER STREET BOSTON MASS -- COOLIDGE SHEPLEY BULFINCH & ABBOTT ARCHITECTS BOSTON MASS



FOURTH FLOOR PLAN

SCALE OF FEET

4/87 days

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